

La veille sanitaire

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ESCMID Emerging Infections Subcommittee

Séminaire DES (en ligne)

MP Grobusch

Déclaration relative aux conflits d'intérêts concernant cette intervention

Aucun conflit d'intérêts à signaler

Objectifs

- Surveillance des maladies infectieuses:
 - De quels outils supranationaux disposons-nous ?
 - L'exemple de l' Epi Alert
 - Facteurs importants liés à l'émergence des maladies infectieuses
Risques environnementaux, changement climatique, zoonoses (One Health), globalisation

Outils de surveillance des maladies infectieuses au niveau supranational

- ECDC, CDC, OMS
- Surveillance sentinelle des voyageurs (anciennement TropNetEurop, actuellement GeoSentinel)
- Beacon, H-Radar, (anciennement ProMedMail), Outbreak New Today
- Sources locales
- EpiAlert



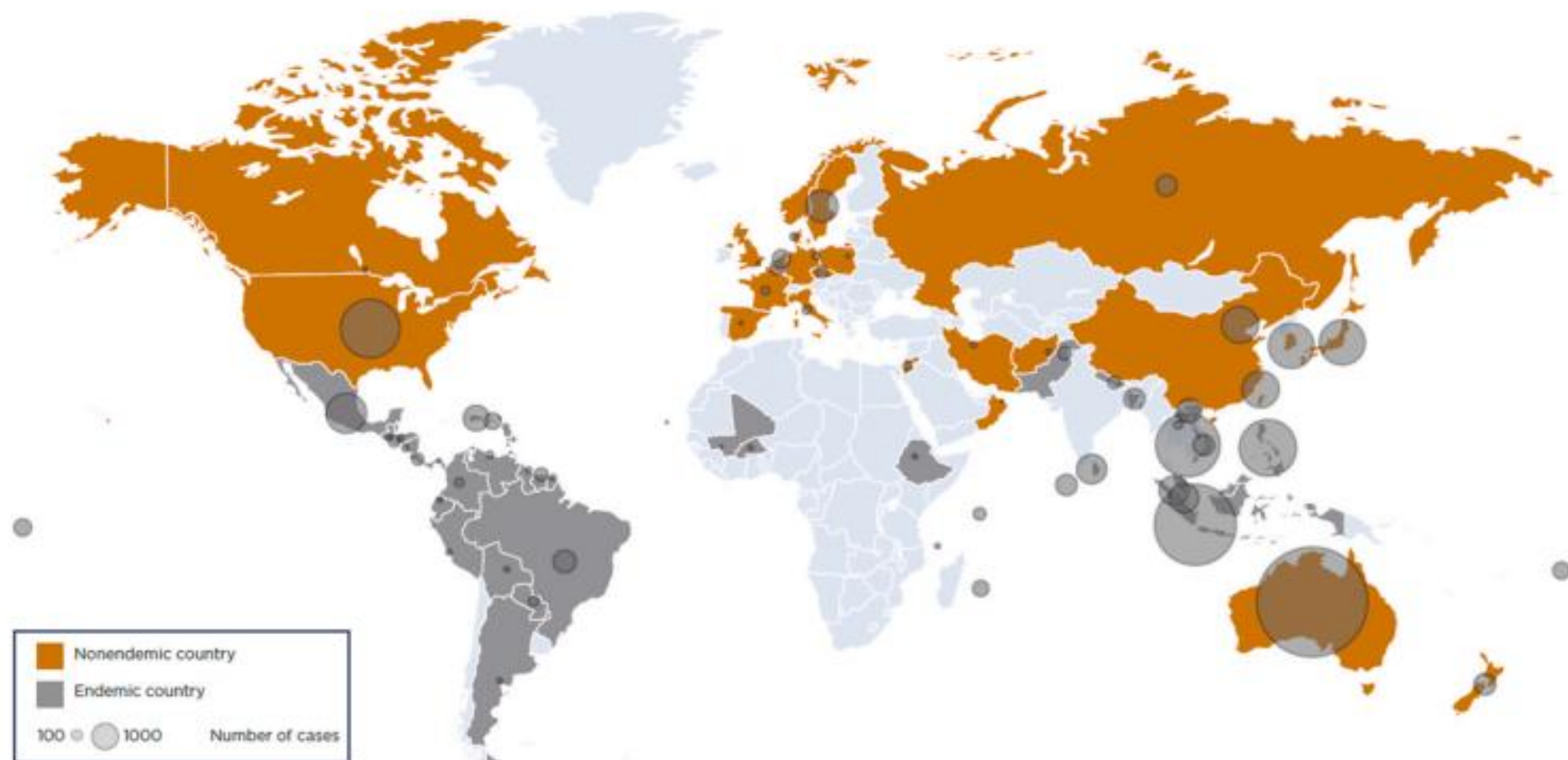


Fig. 2. Events of dengue in travellers, by geographical region

Key: The circles on the non-endemic countries of the map show the number of cases of dengue in travellers from these areas, while circles in endemic countries show where the infections were acquired. The size of the circles is proportional to the number of cases reported.

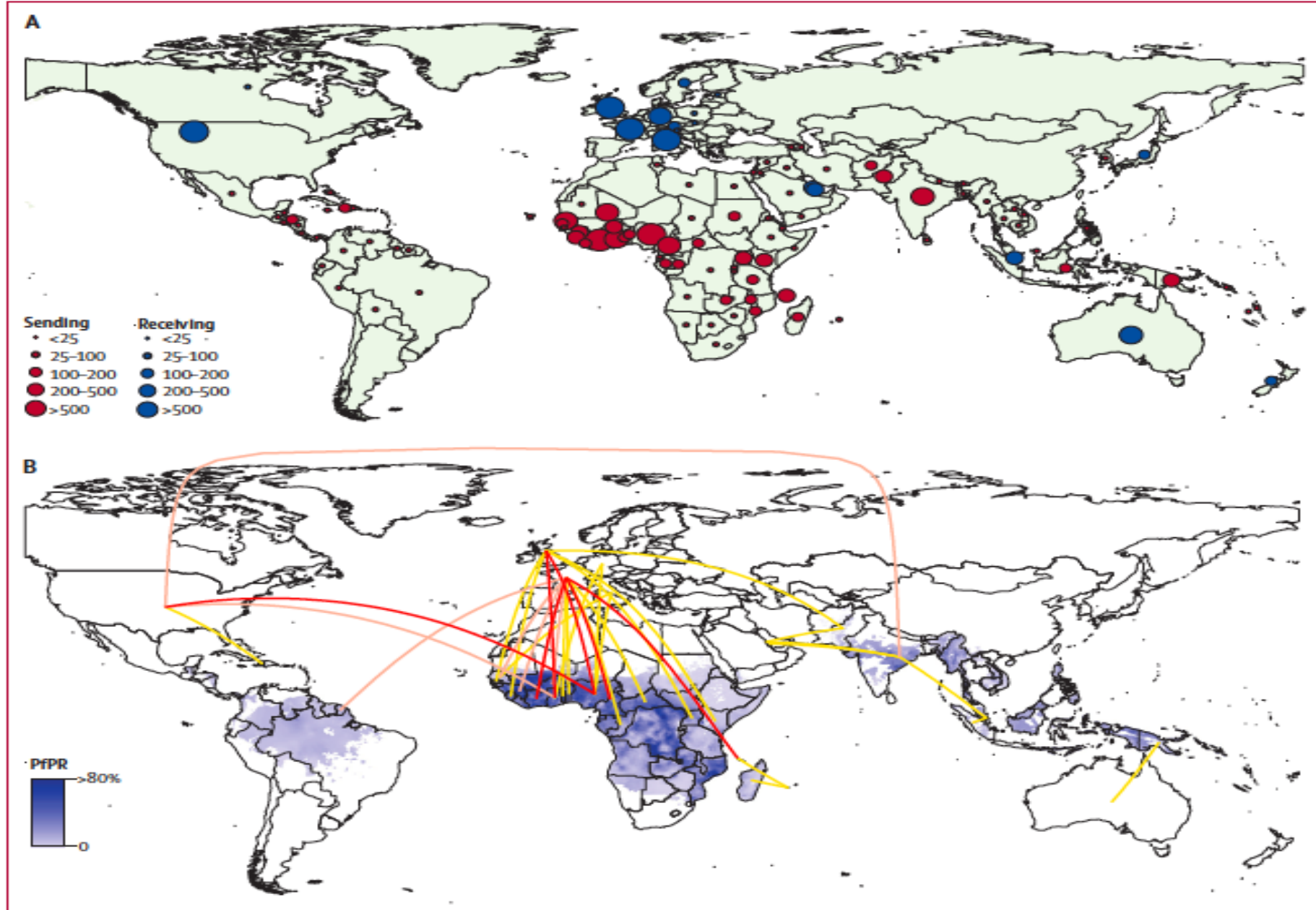
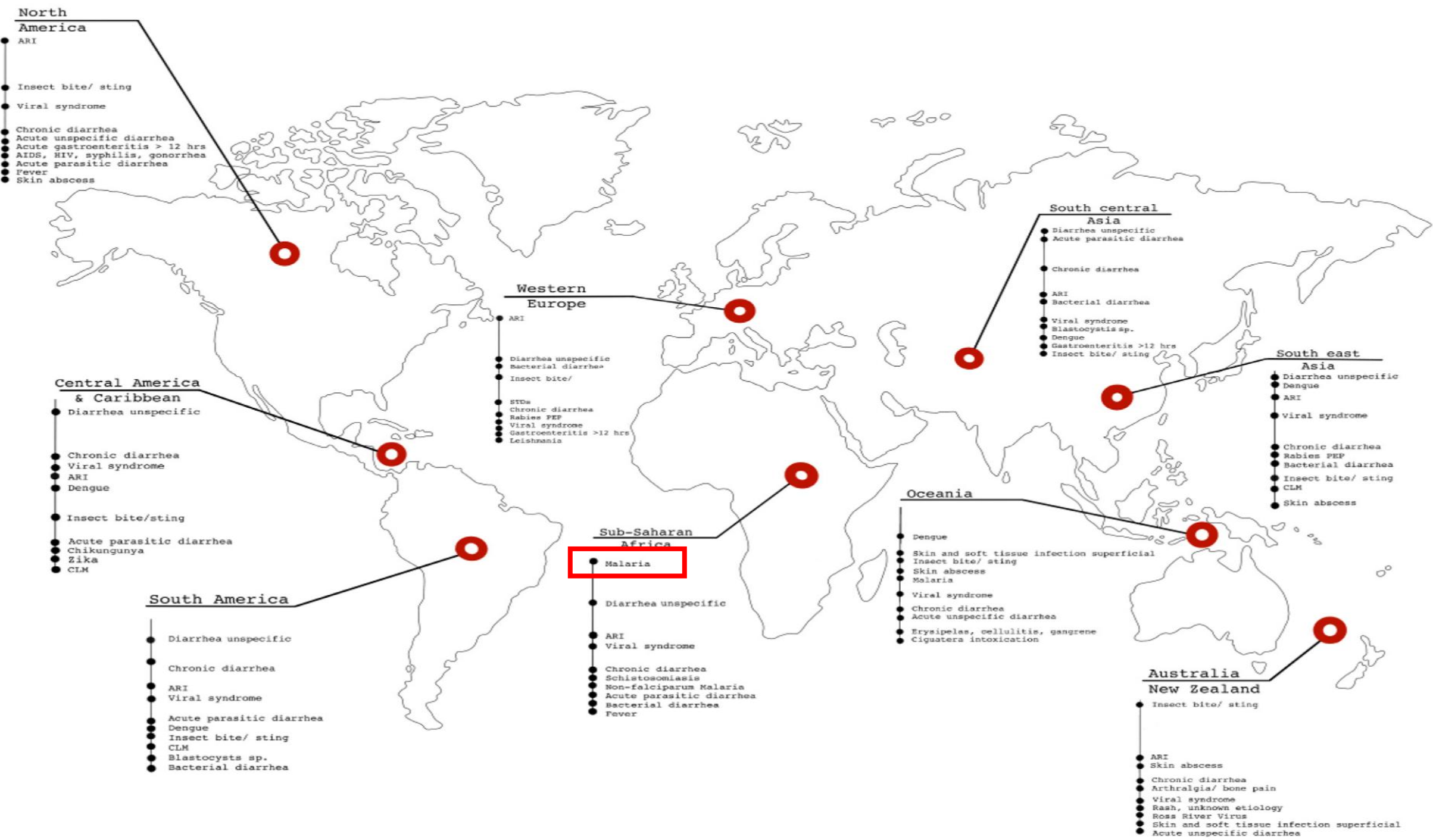


Figure 1: Origins, destinations, and flows of imported cases of malaria from endemic to non-endemic countries

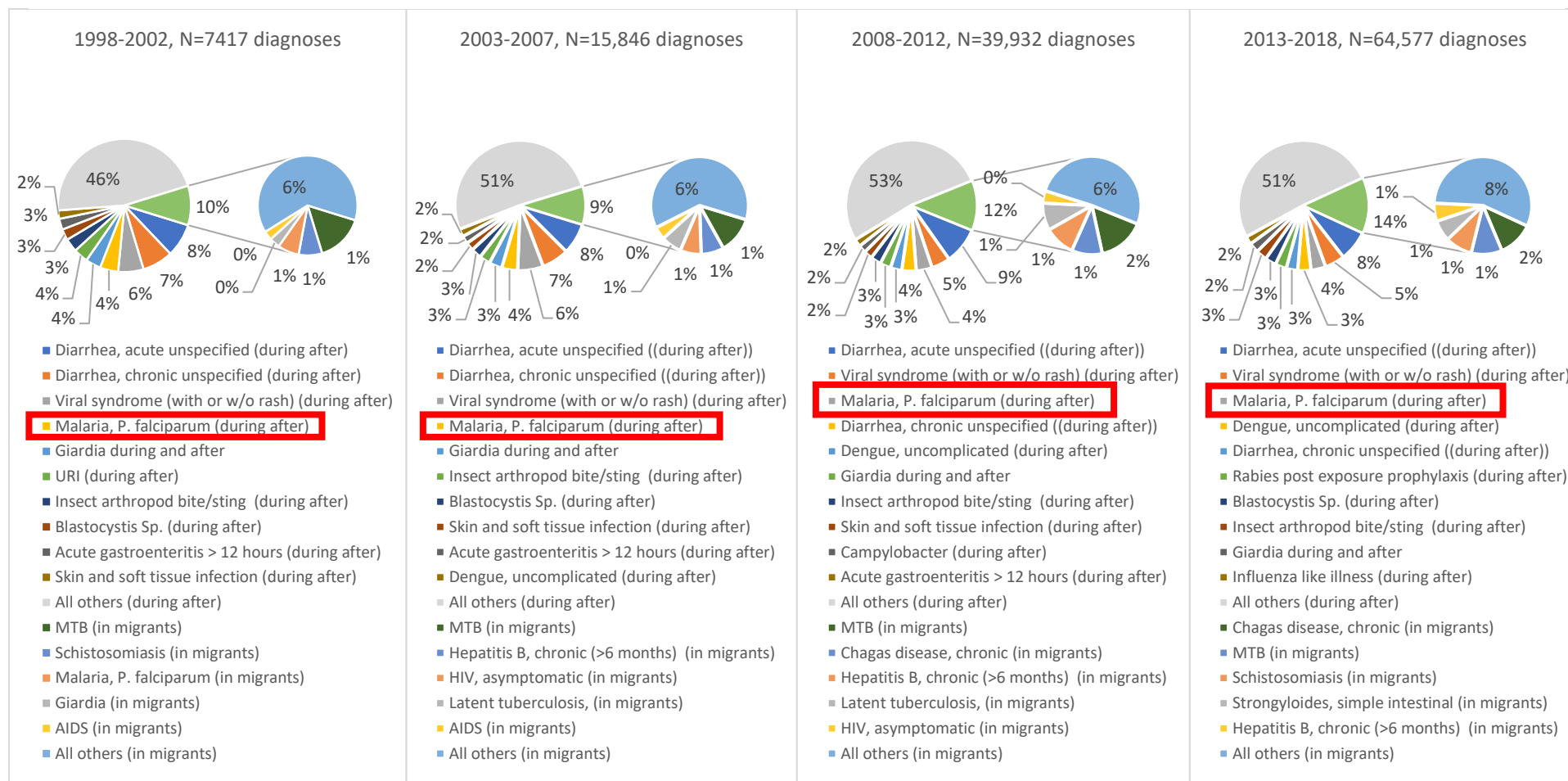
Tatem et al. 2017





Research paper

Travel-related infections presenting in Europe: A 20-year analysis of EuroTravNet surveillance data



Top diagnoses in all patients by clinical setting by year of clinic visit; n = 127,772 diagnoses - satellite pie charts: migrants

Outils de surveillance des maladies infectieuses au niveau supranational

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Surveillance Atlas of Infectious Diseases



Measles ▼

All cases - Most recent 12 months only ▼

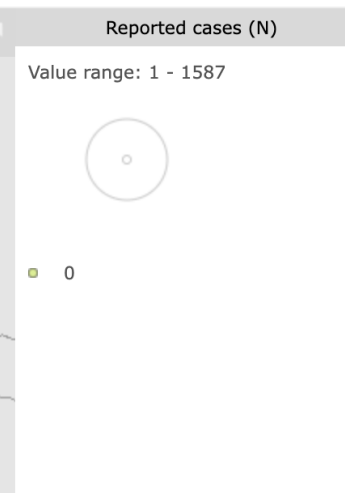
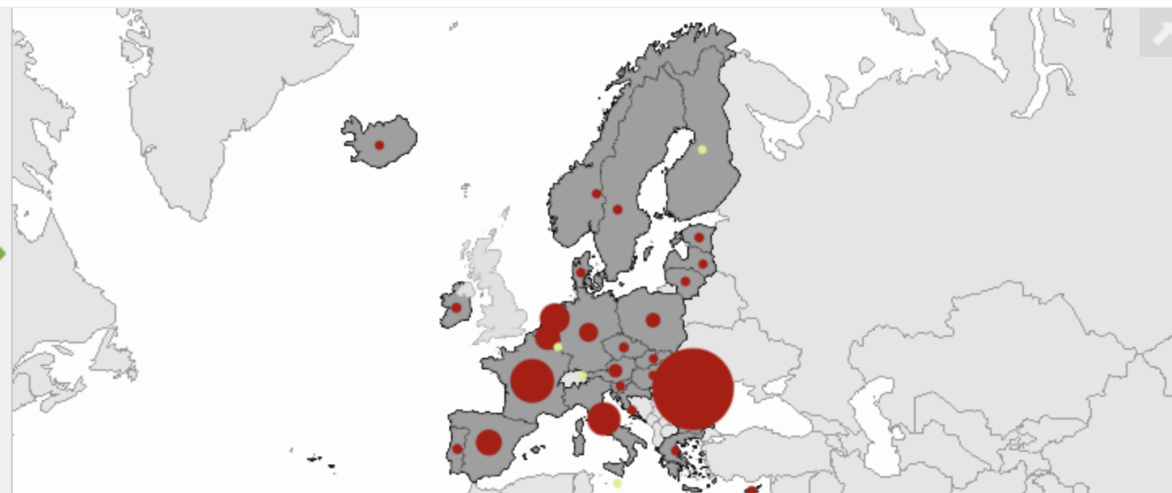
Reported cases ▼



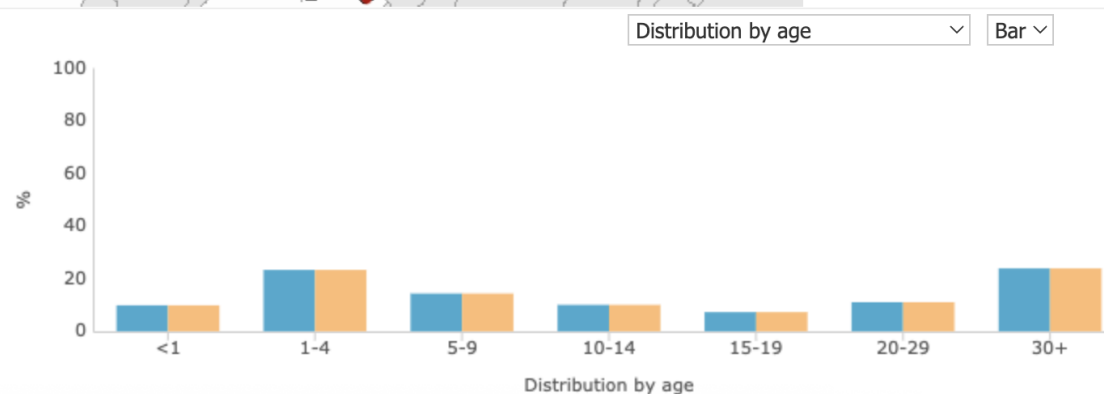
2026-02 ▼



Region ▼	Reported cases (N)
EU/EEA (without UK)	4623
EU/EEA (with UK until 2019)	4623
Austria	100
Belgium	351
Bulgaria	3
Croatia	4
Cyprus	21
Czechia	21
Denmark	11
Estonia	10
Finland	0

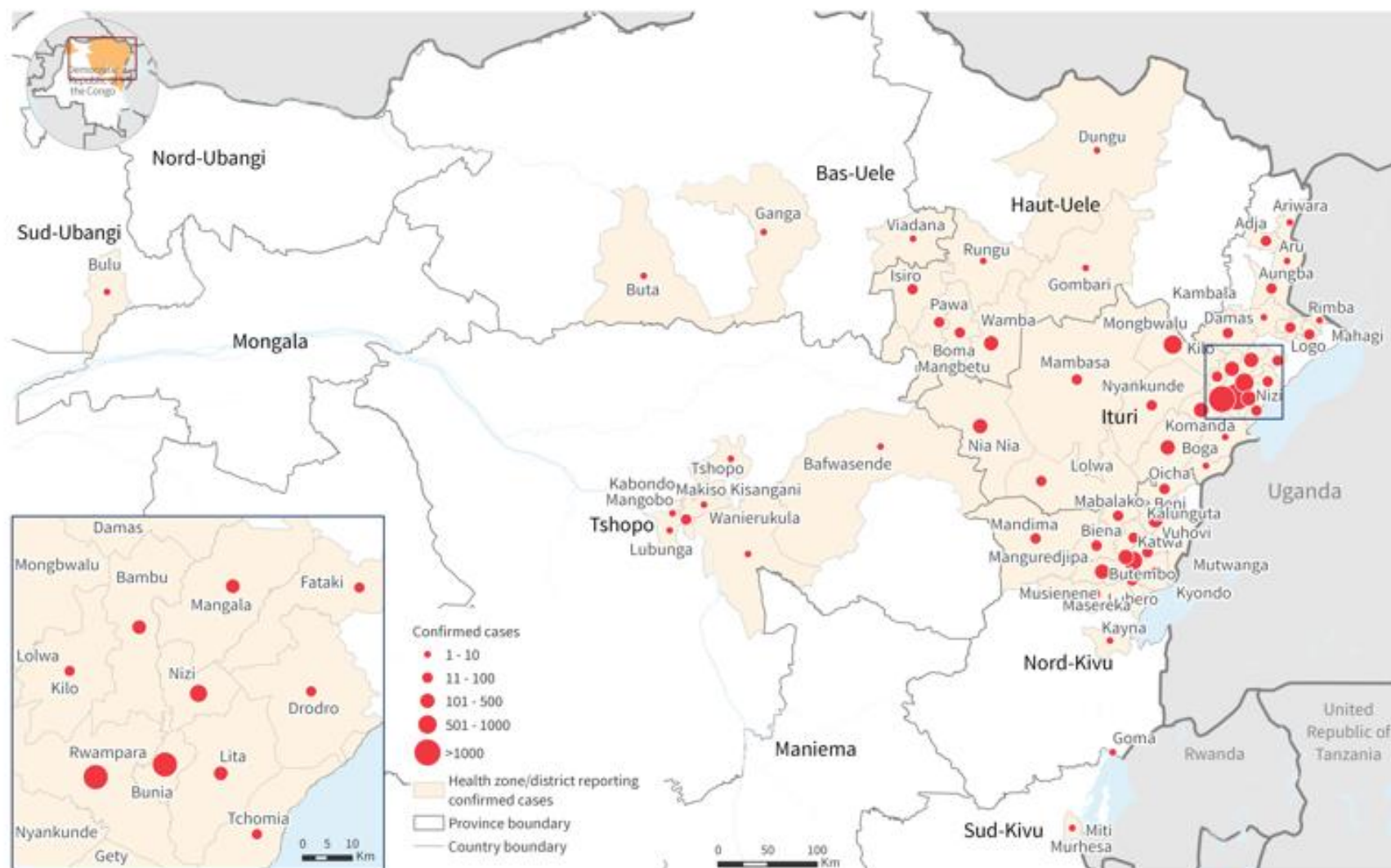


Insufficient data to show time series



■ EU/EEA (without UK) ■ EU/EEA (with UK until 2019)

Figure 1. Distribution of cumulative confirmed cases of Bundibugyo virus disease in the Democratic Republic of the Congo, as of 23 September



The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization, Ministries of Health of the Democratic Republic of the Congo, GRID3
Map Production: WHO Health Emergencies Programme

[< PARASITES](#)

Cyclospora Outbreak Linked to Iceberg Lettuce



For Everyone

[SEPT. 11, 2026](#) • [ESPAÑOL](#)

FOOD SAFETY ALERT

- This outbreak has ended. The number of recent infections linked to the outbreak has significantly declined. The contaminated lettuce linked to this outbreak is no longer available in stores or restaurants.
- This is CDC's final update for this food safety alert.
- As of September 11, 2026, FDA continues to investigate the cause of the contamination that led to this multistate outbreak of *Cyclospora* infections linked to Taylor Farms iceberg lettuce.
- You can take steps to protect yourself from getting sick with *Cyclospora* from other sources in the future.

[Updates](#)[Locations](#)[Timeline](#)

FAST FACTS

- **Cases:** 12,883
- **Hospitalizations:** 570
- **Deaths:** 2
- **States:** 21

Outils de surveillance des maladies infectieuses au niveau supranational

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- Surveillance sentinelle des voyageurs (anciennement TropNetEurop, actuellement GeoSentinel)
- Beacon, H-Radar, (anciennement ProMedMail), Outbreak News Today
- Sources locales
- EpiAlert

Falciparum Malaria in European Tourists to the Dominican Republic

**Tomas Jelinek,* Manuel Corachan,† Martin Grobusch,‡
Gundel Harms-Zwingenberger,§ Herwig Kollaritsch,¶
Joachim Richter,# and Bernd Zieger** for TropNetEurop††**

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Thirteen cases of falciparum malaria acquired by Europeans in the Dominican Republic occurred from June 1999 to February 2000. The cases were identified by the European Network on Imported Infectious Disease Surveillance (TropNetEurop).

TropNetEurop

Early sentinel surveillance in travellers

Mid-90s – non-funded, 2 dozens of European travel medicine centres

Surveillance of malaria, dengue, schistosomiasis as imported condition

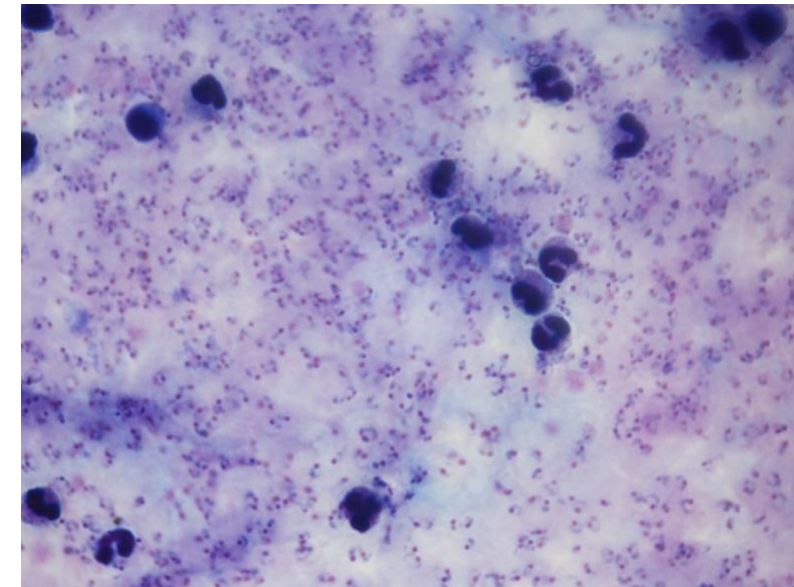




Table. Patients with falciparum malaria from the Dominican Republic

No.	Sex ^a	Age	Nationality	Month/year presentation	Journey	Therapy
1	F	26	German	06/99		
2	M	28	German	11/99	14 days in Punta Cana (honeymoon with #3)	Mefloquine
3	F	28	German	11/99	14 days in Punta Cana (honeymoon with #2)	Mefloquine
4	F	34	German	11/99	7 days in Punta Cana	Mefloquine
5	F	28	Spanish	11/99	7 days in Punta Cana	Chloroquine
6	F	45	German	11/99	14 days in Punta Cana	Atovaquone/ proguanil
7	M	27	German	11/99	Flight assistant, overnight stays in Puerto Plata (October) and Punta Cana (November)	Quinine
8	F	30	German	11/99	10 days in Punta Cana	Mefloquine
9	F	47	Austrian	12/99	14 days in Punta Cana	Quinine
10	F	28	Spanish	12/99	6 days in Punta Cana	Chloroquine
11	F	30	German	12/99	10 days in Punta Cana	Mefloquine
12	F	31	German	12/99	16 days in Punta Cana	Chloroquine
13	M	24	German	02/00	10 days in Punta Cana	Quinine

^aF = female; M = male.

A mysterious illness after a visit to Tioman Island

Table 1 AMC Tropicentrum patients who visited Tioman Island

Patient no.	Age	Sex	Underlying medical condition	Pretravel advice	Initial symptoms	Time between onset of symptoms and most likely time point of exposition	Vital signs on presentation	Physical examination findings
1	46	M	IBS	No	Malaise, fever, fatigue, myalgia, shortness of breath	3 months	Abnormal: respiratory rate 38/min	Moderately ill
2	44	F	N/A	Yes	Myalgia, skin rash, headache	2 months	Normal	Mildly ill
3	51	F	N/A	Yes	Myalgia, joint pain, fatigue	1.5 months	Normal	Moderately ill
4	30	F	N/A	Yes	Malaise, fever, fatigue, myalgia	2 weeks	Normal	Mildly ill
5	34	M	N/A	Yes	Malaise, fever, fatigue, myalgia, night sweats, arthralgia	2 weeks	Normal	Moderately ill
6	30	F	N/A	Yes	Headache Fever, fatigue, myalgia	1 week 4 weeks	Normal	Mildly ill

IBS irritable bowel syndrome, N/A not applicable

^a Percentage not determined

Pulau Tioman (Malaysia)



Human Extraintestinal Sarcocystosis: What We Know, and What We don't Know

V. C. Harris^{1,2} · M. van Vugt¹ · E. Aronica³ · G. J. de Bree^{1,2} · C. Stijnis¹ · A. Goorhuis¹ ·
M. P. Grobusch¹

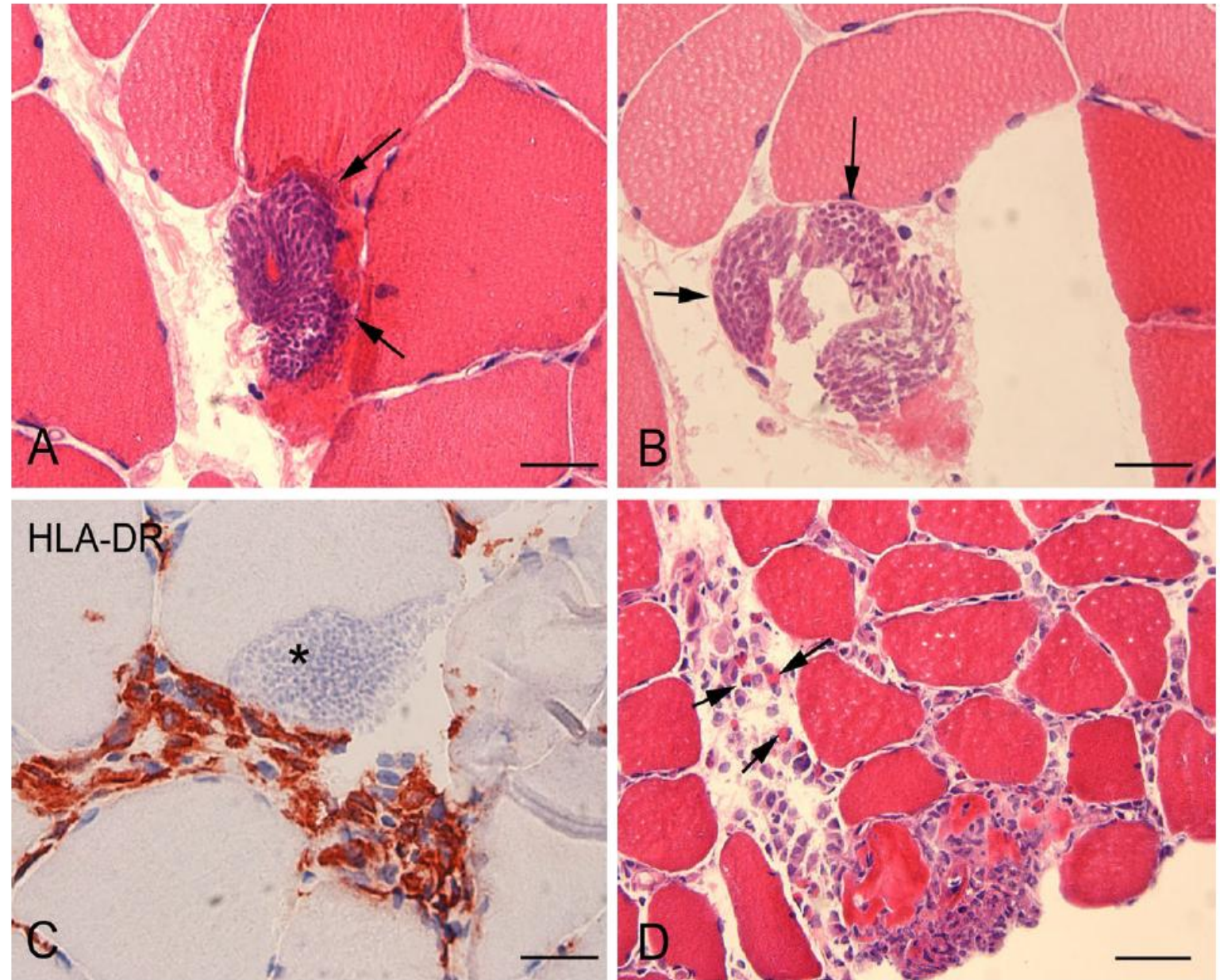
Table 1 AMC Tropencentrum patients who visited Tioman Island and returned with symptoms suggestive of acute muscular sarcocystosis

Patient no.	Age	Sex	Underlying medical condition	Pretravel advice	Initial symptoms	Time between onset of symptoms and most likely time point of exposition	Vital signs on presentation	Physical examination findings	Serology/ PCR positive sarcocystis	WBC/ eosinophils (both 10 ⁹ /L)	CPK (U/L)	Muscle biopsy	Recovery after treatment with albendazole (A)
1	46	M	IBS	No	Malaise, fever, fatigue, myalgia, shortness of breath	3 months	Abnormal: respiratory rate 38/min	Moderately ill	Seronegative	9.2/1.38 (15 % eos)	275	Perivascular inflammatory infiltrate; no sarcocysts seen	1 week A, full recovery
2	44	F	N/A	Yes	Myalgia, skin rash, headache	2 months	Normal	Mildly ill	Seronegative	7.4/0.97 ^a	121	Not performed	2 weeks A, full recovery
3	51	F	N/A	Yes	Myalgia, joint pain, fatigue	1.5 months	Normal	Moderately ill	Seronegative	19.4/0.12 ^a	176	Not performed	10 days A, full recovery
4	30	F	N/A	Yes	Malaise, fever, fatigue, myalgia	2 weeks	Normal	Mildly ill	PCR negative	6.2/ 0.23 (1 % eos)	677	Perivascular inflammatory infiltrate; cyst seen with bradyzoites	1 week A+ P (+ prednisone), full recovery
5	34	M	N/A	Yes	Malaise, fever, fatigue, myalgia, night sweats, arhralgia	2 weeks	Normal	Moderately ill	PCR negative	5.6/0.18 (0.86 % eos)	843	Perivascular inflamm. infiltrate; no sarcocysts	1 week A+ P, full recovery
6	30	F	N/A	Yes	Headache Fever, fatigue, myalgia	1 week 4 weeks	Normal	Mildly ill	Seronegative	5.7/0.51 ^a (mild eosinophilia)	104	Not performed	1 week A, full recovery

IBS irritable bowel syndrome, *N/A* not applicable

^a Percetnage not determined

Fig. 2 Muscle biopsies of patients #1 and #3. **a–b** Hematoxylin and eosin (HE) stain showing sarcocysts within the muscle fibers. **c** Major histocompatibility complex class II (MHC II): inflammatory cell infiltrate around sarcocyst (*asterisk*). **d** HE stain showing endomysial inflammatory cell infiltrate with eosinophils (*arrows*). Scale bars, **a–c** 40 μ M; **d** 160 μ M



Acute Muscular Sarcocystosis: An International Investigation Among Ill Travelers Returning From Tioman Island, Malaysia, 2011–2012

Douglas H. Esposito¹, August Stich², Loïc Epelboin^{3,4}, Denis Malvy⁵, Pauline V. Han¹, Emmanuel Bottieau⁶, Alexandre da Silva⁷, Philipp Zanger⁸, Günther Slesak⁹, Perry J. J. van Genderen¹⁰, Benjamin M. Rosenthal¹¹, Jakob P. Cramer^{12,13}, Leo G. Visser¹⁴, José Muñoz¹⁵, Clifton P. Drew¹⁶, Cynthia S. Goldsmith¹⁶, Florian Steiner¹⁷, Noémie Wagner¹⁸, Martin P. Grobusch¹⁹, D. Adam Plier²⁰, Dennis Tappe¹³, Mark J. Sotir¹, Clive Brown¹, Gary W. Brunette¹, Ronald Fayer¹¹, Frank von Sonnenburg²¹, Andreas Neumayr^{22,23}, and Phyllis E. Kozarsky^{1,24} for the Tioman Island Sarcocystosis Investigation Team^a

Abstract

Background—Through 2 international traveler-focused surveillance networks (GeoSentinel and TropNet), we identified and investigated a large outbreak of acute muscular sarcocystosis (AMS), a rarely reported zoonosis caused by a protozoan parasite of the genus *Sarcocystis*, associated with travel to Tioman Island, Malaysia, during 2011–2012.

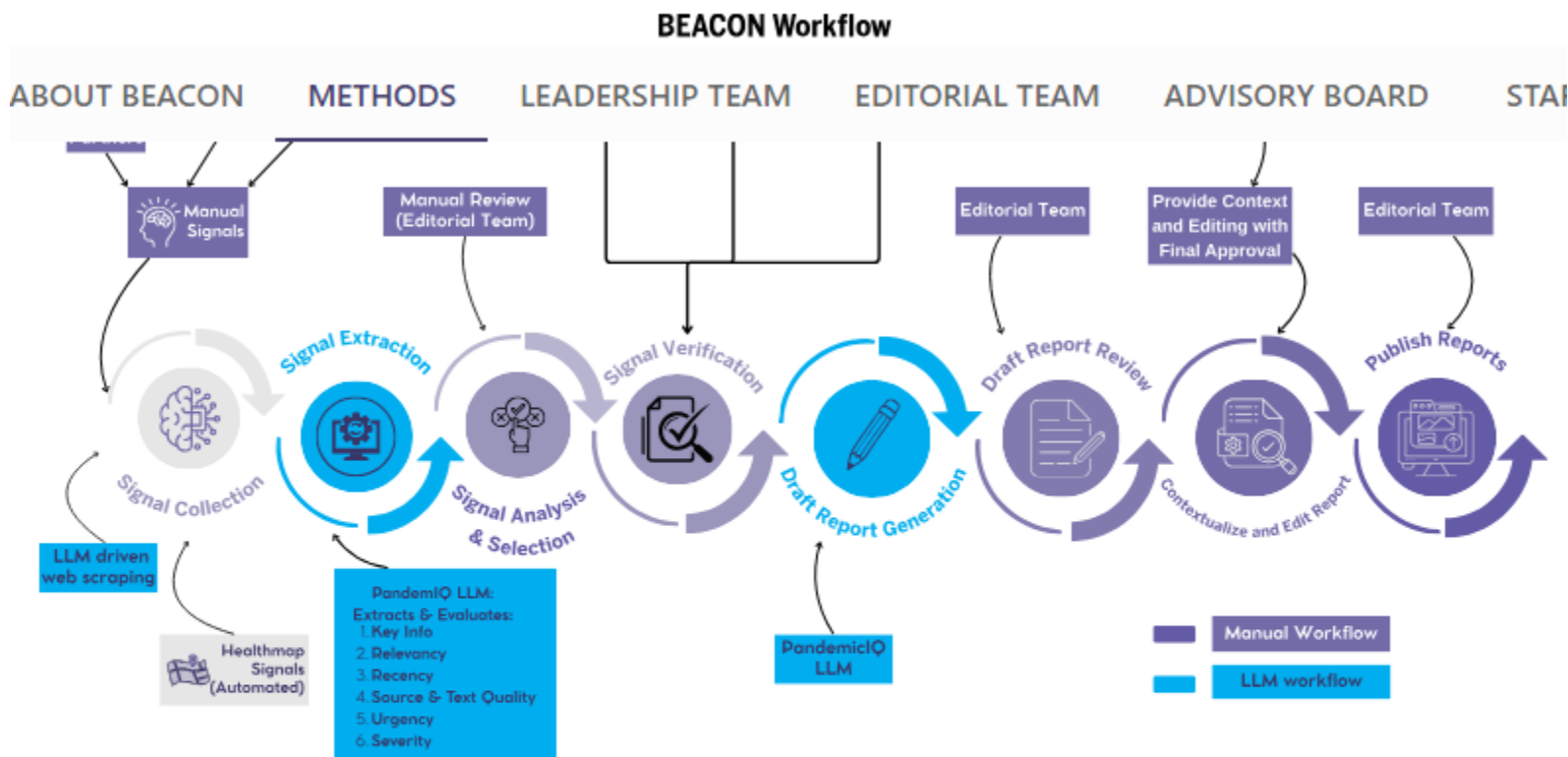
Methods—Clinicians reporting patients with suspected AMS to GeoSentinel submitted demographic, clinical, itinerary, and exposure data. We defined a probable case as travel to Tioman Island after 1 March 2011, eosinophilia (>5%), clinical or laboratory-supported myositis, and negative trichinellosis serology. Case confirmation required histologic observation of sarcocysts or isolation of *Sarcocystis* species DNA from muscle biopsy.

Results—Sixty-eight patients met the case definition (62 probable and 6 confirmed). All but 2 resided in Europe; all were tourists and traveled mostly during the summer months. The most frequent symptoms reported were myalgia (100%), fatigue (91%), fever (82%), headache (59%), and arthralgia (29%); onset clustered during 2 distinct periods. “early” during the second and “late” during the sixth week after departure from the island. Blood eosinophilia and elevated serum creatinine phosphokinase (CPK) levels were observed beginning during the fifth week after departure. *Sarcocystis nesbitti* DNA was recovered from 1 muscle biopsy.

Conclusions—Clinicians evaluating travelers returning ill from Malaysia with myalgia, with or without fever, should consider AMS, noting the apparent biphasic aspect of the disease, the later onset of elevated CPK and eosinophilia, and the possibility for relapses. The exact source of infection among travelers to Tioman Island remains unclear but needs to be determined to prevent future illnesses.

Outils de surveillance des maladies infectieuses au niveau supranational

- ECDC, CDC, OMS
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- Beacon, H-Radar, (anciennement ProMedMail), Outbreak News Today
- Sources locales
- EpiAlert



The Biothreats Emergence, Analysis and Communications Network (BEACON) is an “informal”, “event based” reporting program that shares information and context about new biological incidents occurring in humans, animals or the environment based. The reporting is informal as we are an independent organization which receives information about outbreaks or health threats from non-traditional or informal sources such as news media, social media, online forums, blogs, and individual contributors as well as public health organizations. We refer to all of these as signals. It is event based as we focus on specific occurrences (events) rather than continuous surveillance of specific infectious diseases or cases. These events may represent incidents of:

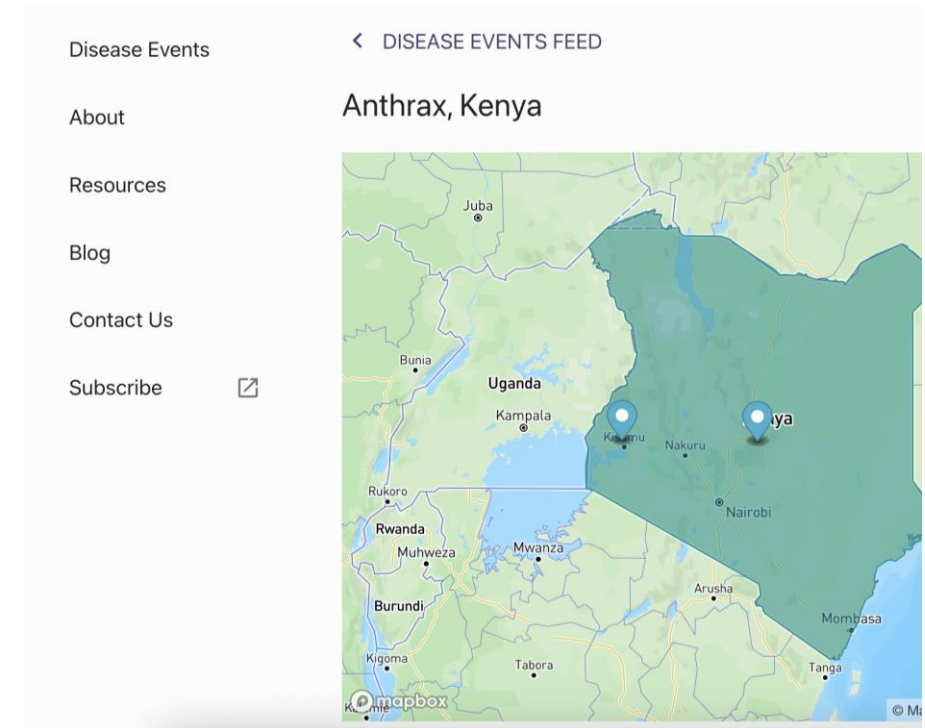
Sources

1. [Suspected anthrax outbreak reported in Vihiga, two human cases confirmed. KBC News/KNA. 18 Apr 2026](#)
2. [Vihiga County confirms anthrax outbreak, one person dead. The Standard. 18 Apr 2026](#)
3. [Siaya residents warned of anthrax outbreak. The Star. 17 Apr 2026](#)

Key findings

- Two confirmed human cutaneous anthrax cases, including one fatality, have been reported in Emuhaya Sub-County, Vihiga County, Kenya, following the handling and consumption of meat from a cow that died on 07 Apr 2026 in Ebusunzo Village, West Bunyore Ward, Emuhaya Sub-County, Vihiga County, Kenya.
- Approximately 200 people are estimated to have been exposed to contaminated meat from the same incident through handling or consumption, with contact tracing ongoing.
- Two cattle deaths have been confirmed in the outbreak area, prompting emergency control measures, including mass vaccination of approximately 400 livestock and a temporary closure of Luanda and Esibuye livestock markets.
- Due to cross-border risk, Siaya County has activated a coordinated One Health emergency response, including heightened surveillance, livestock movement controls, rapid response teams, and targeted vaccination in high-risk border areas near Gem Sub-County.
- Vihiga County authorities have suspended cattle movement within Luanda Sub-County and mandated that all slaughtering be conducted under veterinary inspection at one of the county's 25 licensed slaughterhouses.

BEACON



Preview

Outils de surveillance des maladies infectieuses au niveau supranational

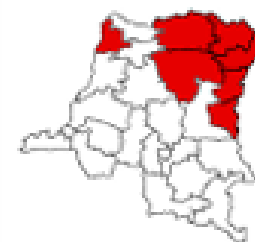
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Ministère de la Santé Publique, Hygiène et Prévoyance Sociale

TASK FORCE PRÉSIDENTIELLE EBOLA 17

Système de gestion de l'incident MVE17



Rapport de Situation de la 17^e Épidémie de la maladie à Virus EBOLA /RDC

SitRep N°137/MVE-BDBV/28/09/2026

📅 Date du rapport : 28 septembre 2026

📅 Date de publication : 29 septembre 2026

FAITS SAILLANTS (dernières 24h)



- La situation demeure globalement contenue, avec aucune nouvelle zone de santé affectée, confirmant la stabilité de l'extension géographique observée les 21 et 27 septembre.
- 55 nouveaux cas confirmés ont été notifiés contre 49 la veille (+12,2 %) et 40 le 21 septembre (+37,5 %). Ils proviennent de l'Ituri (36), du Nord-Kivu (12), du Haut-Uélé (5) et de la Tshopo (2).
- La mortalité communautaire poursuit une légère amélioration, avec 17 décès contre 18 la veille (-5,6 %). Au total, 30 décès ont été enregistrés, dont 13 intra-CTE, contre 23 décès au total la veille.
- Le taux de positivité s'améliore, passant de 18,1 % la veille à 14,5 %, malgré une augmentation du nombre d'échantillons analysés (380 contre 270)

CUMUL DES
CAS

8 171

CUMUL DES
DÉCÈS
CONFIRMÉS

3 954

 LÉTALITÉ
48,4 %

PATIENTS EN
ISOLEMENT/CTE
 **759**

CUMUL DES
GUÉRIS
 **2 104**

TAUX DE SUIVI DES
CONTACTS
(Du Jour)
 **82,0 %**



Provinces touchées et zones de santé touchées



GOBIERNO DE LA
REPÚBLICA DE HONDURAS

SECRETARÍA
DE SALUD



Boletín #4 Situación Malaria en Islas de la Bahía

SE:15
14/4/2026

47 25



Total de casos
de Malaria

72

Casos de Malaria
SANTOS GUARDIOLA

53

Casos de Malaria
ROATÁN

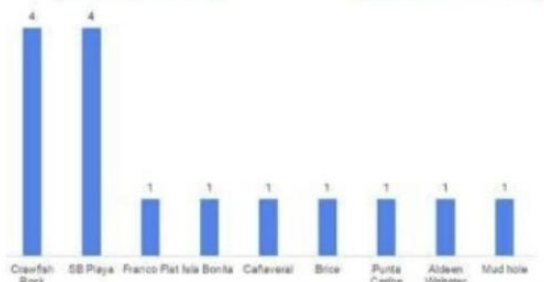
17

Casos de Malaria
GUANAJA

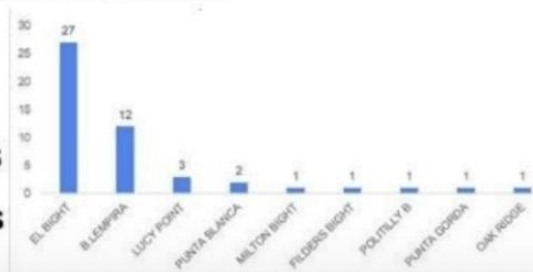
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Casos de
Malaria UTILA

1



¡La prueba y el
tratamiento es
gratis en todos los
Establecimientos
de Salud o Puestos
de Colaborador
Voluntario!



ELIMINAR AGUAS
ESTANCADAS



CHAPEAR TU
SOLAR



PERMITIR EL
ROCIADO



HAZTE LA PRUEBA



Ter

News

Dengue cases in March unusually high

According to the information that was publicized by the Health Protection Agency (HPA) yesterday, March alone saw reports of 535 dengue cases. March 2025 only had 60 reported cases of dengue.



[File] An island being fogged to combat dengue

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- Sources locales
- EpiAlert

Latest news

09 September 2026

New consensus statements on *S. aureus* bacteraemia

IDSA and ESCMID have released part 1 of new consensus statements for *S aureus* bacteraemia, introducing a risk-based approach to support diagnostic evaluation and more individualised treatment.

[Read more](#) →

07 September 2026 | Vaccines

UPDATE: Ebola vaccine webinar series

The Vaccines and Emerging Infections Subcommittees present a three-part webinar series to explore the evidence, development and implementation of vaccines for Bundibugyo ebolavirus disease.

[Read more](#) →

Epi Alert

The Epi Alert, a strategic collaboration between the ESCMID Emerging Infections Subcommittee and the Center of Tropical Medicine of Amsterdam University that integrates expertise and resources to advance emerging infectious diseases surveillance and intelligence sharing...

[Discover more](#)



20 August 2020 | Emerging infections

Day-100 update Bundibugyo virus disease outbreak

The Emerging Infections Subcommittee provide this Day-100 situation update of the Bundibugyo ebolavirus disease outbreak.

[Read more](#) →

Emerging Infections Subcommittee

To better address the threats of emerging and re-emerging infections, ESCMID created the Emerging Infections Subcommittee (EIS). ESCMID understands that monitoring the emergence of infections is crucial for safeguarding public health, ensuring global health security, and fostering international collaboration in the face of evolving health threats.

About

Emerging Infections are diseases that have recently appeared within a population or have existed but are rapidly increasing in incidence or geographic range. These diseases pose a continuous threat to global health, challenging our preparedness and response capabilities.

Activities

The EIS aims to timely recognise emerging infections by continuously monitoring and analysing epidemiological signals from different networks and sources, and to communicate and educate about emerging infections.

[Discover more →](#)

Network of Emerging Infections Experts

The Emerging Infections Subcommittee aims act as a coordinating body for a larger network of experts to enhance ESCMID's capacity to monitor and respond to emerging infectious threats through joint efforts in signal intelligence, communication, guidance development, education, and research promotion.

[Discover more →](#)

The ESCMID Emerging Infections Subcommittee (EIS) includes a director and 7 supporting officers, each taking on important roles: Communications, Guidelines, Intelligence, Science, Education, and Networking.

Each EIS member dedicates time and effort to address emerging infections as a global health threat and to evaluate pandemic risk.



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[Current conflict of interest declarations](#) 



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[Current conflict of interest declarations](#) 



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[Current conflict of interest declarations](#) 



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[Current conflict of interest declarations](#) 



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[Current conflict of interest declarations](#) 



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[Current conflict of interest declarations](#) 



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Epi Alert

About Epi Alert →

Summary: 29 September 2026

The **DRC's** Bundibugyo **Ebola** outbreak has reached 7,890 confirmed cases and 3,799 deaths (CFR 48.1%) across 63 health zones in seven provinces. Newly affected areas near **South Sudan** raise the risk of cross-border spread, and WHO rates the national risk very high. **West Nile virus** has caused 1,569 locally acquired cases in 16 European countries, led by **Italy** and **Greece**. **The Netherlands** has 28 cases and four deaths. The US has 813 cases, 607 of them neuroinvasive. **Tick-borne encephalitis** reached a record in **Sweden** (448 cases) and rose sharply in **Austria** (168). **Chikungunya** remains high in **Brazil** (66,592 cases, 53 deaths), **Mauritius** (6,928) and **Nicaragua** (3,109). Western **Australia** reported a third severe **diphtheria** case in Perth. **Taiwan** has 1,586 severe **influenza** cases and 304 deaths, and **leptospirosis** cases in the **Philippines** reached 10,936 after flooding. **Ghana** confirmed **yellow fever** after 21 unexplained deaths, and **Togo** declared **measles** outbreaks.

Epi Alert

Prepared in collaboration with
ESCMID Emerging Infections Subcommittee
and Amsterdam UMC

Issue 2026-W39

Published 29 September 2026
Covering 22 to 28 September 2026

Editorial lead: A. Goorhuis
Supporting editors: K. de Jong, G. Pellejero, T. Hanscheid, M. Grobusch

Highlights

Ebola disease outbreak caused by Bundibugyo virus, Democratic Republic of the Congo

As of 23 September, the DRC has 7,890 confirmed cases and 3,799 deaths (CFR 48.1%). That includes 1,133 new cases since 11 September. The outbreak has reached 63 health zones in seven provinces. The newest areas are Sud Ubangi (Bulu) and Dungu in Haut-Uélé, which borders South Sudan, so the risk of cross-border spread is higher. Ituri remains the epicentre (6,032 cases), with incidence slowly declining. North Kivu peaked in mid-September and has the highest CFR (59.7%). Contact follow-up is at 83%. There is no approved vaccine or treatment. WHO rates the risk very high nationally, high for neighbouring countries and low globally, and advises against travel or trade restrictions.

West Nile virus, Europe, USA

Europe has 186 affected areas in 16 countries, six of them newly affected this week. Most are in Italy (65), Greece and Romania (22 each), France (21) and the Netherlands (13). This year, there are 1,569 locally acquired human cases, led by Italy (696), Greece (355), Spain (125) and France (102). In The Netherlands, a total of 28 autochthonous cases and four deaths across six province has been reported, and blood safety measures have been expanded. The US has 813 cases in 43 states, 607 of them neuroinvasive, with California reporting the most (149).

Tick-borne encephalitis, Sweden, Austria

Tick-borne encephalitis (TBE) cases are rising sharply in parts of Europe. In Sweden, 448 cases had been registered as of 14 September, the highest number ever recorded for this point in the year. That surpasses the previous record of 392 cases by the same date in 2023, and cases there have risen about 6% per year over the past decade. Austria recorded 168 TBE cases from January to August 2026, up sharply from 111 in the same period last year. Incidence depends on tick populations, host animals and climate, and vaccination is recommended in risk areas.

Epi Alert in PDF format

29 September 2026

[View Report](#)



ECDC Communicable disease threats report

Week 39, 19-25 September

[View Report](#)





Relevant for travel advice / General

ECDC CDTR: [Week 39](#)

Reporting on:

- Ebola disease outbreak caused by Bundibugyo virus, Democratic Republic of the Congo 2026
- Overview of respiratory virus epidemiology in the EU/EEA, week 38, 2026
- Seasonal surveillance of chikungunya virus disease
- Seasonal surveillance of dengue in the EU/EEA
- Seasonal surveillance of West Nile Virus infections

West Nile virus disease

- Netherlands (Utrecht): 28 autochthonous cases and four deaths reported across six provinces in 2026. Source: [BEACON](#)
- United States: In 2026 to date, 671 of West Nile virus disease have been reported in 42 states, of which 495 (74%) neuroinvasive. Source: [CDC](#)

Vaccine preventable diseases

Chikungunya

- Brazil (Bahia): 10,364 probable cases and three deaths reported in Bahia state between January and September. Source: [Outbreak News Today](#)
- Mauritius (Mauritius): Six new confirmed cases reported, bringing the year's total to 6,928 across two islands. Source: [Outbreak News Today](#)
- Nicaragua: 3109 cases reported in 2026, with recent surge and cross-border spread to Costa Rica. Source: [BEACON](#)

Dengue, United States (Florida): 190 locally acquired cases reported across six counties, predominantly DENV-2 in Hillsborough County. Source: [Outbreak News Today](#)

Diphtheria

- Australia: Third case of severe respiratory infection reported in metropolitan Perth; vaccination reviews urged. Source: [H-Radar](#)
- Australia (Western Australia): Confirmed cases reported in Roebourne and Karratha; contact tracing and preventive measures implemented. Source: [H-Radar](#)
- Senegal: 114 confirmed cases and 11 deaths recorded across 31 health districts; vaccination recommended. Source: [H-Radar](#)

Hepatitis A, United States: 37 multistate cases linked to imported clams, alongside a Los Angeles County community-wide outbreak. Source: [BEACON](#)

Measles

- Togo: Outbreaks declared in Blitta and Ogou with at least four confirmed cases; vaccination underway. Source: [BEACON](#)
- United States (National): 835 confirmed cases, 164 hospitalizations, and 4 deaths reported across 39 counties in 2026. Source: [CDC](#)

Pertussis, Honduras: 280 cases and 22 deaths reported across most health regions amid waning immunity. Source: [BEACON](#)

Rabies, Vietnam: Six deaths and 101,384 people treated for animal bites in Ho Chi Minh City. Source: [H-Radar](#)

Tick-borne encephalitis

- Austria: 168 cases recorded between January and August 2026, a significant increase from last year. Source: [H-Radar](#)
- Sweden: 448 cases registered by mid-September, marking the highest historical figure for this period. Source: [H-Radar](#)

Yellow fever, Ghana: Confirmed cases reported in Sissala East municipality following 21 mysterious deaths in the region. Source: [H-Radar](#)



Europe

- **Norovirus gastroenteritis**, France (Corsica): Hikers on the GR20 trail report vomiting and diarrhea indicative of an outbreak. Source: [H-Radar](#)

North America

- **Murine typhus**, United States (California): Flea-borne typhus outbreaks in Louisiana and Los Angeles, with multiple cases requiring hospitalization. Source: [BEACON](#)
- **Powassan virus disease**, United States (Rhode Island): Confirmed case in a Washington County male, the state's third case in 2026. Source: [Outbreak News Today](#)
- **Vibriosis**, United States (Florida): 23 cases and 5 deaths reported across 14 counties so far this year. Source: [Outbreak News Today](#)

Latin America & Caribbean

See under "Vaccine preventable diseases"

Asia

- **Influenza**, Taiwan: Epidemic reaches new peak with 1,586 severe cases and 304 deaths this season. Source: [H-Radar](#)
- **Anthrax**, Bangladesh (Rangpur): At least 53 human cases linked to sick cattle meat across three northern districts. Source: [H-Radar](#)
- **Leptospirosis**, Philippines (Metro Manila): 10,936 cases reported in 2026 following monsoon flooding, exceeding epidemic thresholds across ten regions. Source: [BEACON](#)

Middle East

No selected items this week.

Africa

- **Lassa fever**, Nigeria (Benue): 1086 confirmed cases and 259 deaths reported in 2026 outbreak, with weekly incidence declining. Source: [BEACON](#)
- **Ebola virus disease**, D.R. Congo: 7,890 cases, 3,799 deaths (CFR 48.1%), 1,133 additional cases since 11 September, across 63 health zones and 7 provinces. Source: [WHO](#)

Oceania

See under "Vaccine preventable diseases"

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Disease Outbreak News

Pneumonia of unknown cause – China

5 January 2020

Description of the situation

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. As of 3 January 2020, a total of 44 patients with pneumonia of unknown etiology have been reported to WHO by the national authorities in China. Of the 44 cases reported, 11 are severely ill, while the remaining 33 patients are in stable condition. According to media reports, the concerned



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Department of Infectious Diseases
Division of Internal Medicine
Amsterdam, The Netherlands

Relevant for travel advice / general

Ebola virus, D.R. Congo, WHO-update: <https://www.who.int/csr/don/02-january-2020-ebola-drc/en/>

Yellow Fever

- Mali: WHO-alert: <https://www.who.int/csr/don/26-december-2019-yellow-fever-mali/en/>
- Nigeria update: <https://promedmail.org/promed-post/?id=6862783>

MERS-CoV, Qatar: WHO-alert: <https://www.who.int/csr/don/26-december-2019-mers-qatar/en/>

Measles, update

- Samoa: <https://promedmail.org/promed-post/?id=6866519>
- Fiji: <http://outbreaknewstoday.com/fiji-reports-additional-measles-case-vaccine-campaign-temporarily-suspended-19719/>
- Australia (Sydney): <http://outbreaknewstoday.com/sydney-5-locally-acquired-measles-cases-reported-79749/>
- Europe: <http://outbreaknewstoday.com/europe-records-more-than-100k-measles-cases-in-first-10-months-of-2019/>
- D.R. Congo: <http://outbreaknewstoday.com/measles-300k-cases-reported-in-drc-79065/>
- Argentina: <http://outbreaknewstoday.com/argentina-reports-nearly-100-measles-cases-in-2019/>

Dengue, Americas: CDC travel notice: <http://outbreaknewstoday.com/cdc-travel-notice-issued-for-the-americas-due-to-dengue-risk-57831/>

Europe

See under "Relevant for travel advice / general"

Asia

Pneumonia of unknown cause, China: WHO-alert: <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/>

Hepatitis E, Pakistan: <https://promedmail.org/promed-post/?id=6871089>

Dengue

- Philippines, update: <http://outbreaknewstoday.com/philippines-dengue-outbreak-414k-cases-through-november-2019/>
- Sri Lanka: <http://outbreaknewstoday.com/sri-lanka-dengue-cases-double-in-2019/>

Rabies, Yemen: <http://outbreaknewstoday.com/rabies-in-yemen-estimated-hundreds-of-deaths-in-sanaa-69399/>

Latin America

Dengue, Brazil: <http://outbreaknewstoday.com/sao-paulo-state-rio-preto-reports-historical-record-of-dengue-fever-in-2019/>

Africa

Rift Valley fever, Uganda: <http://outbreaknewstoday.com/uganda-reports-2nd-fatal-rift-valley-fever-case-51670/>

Monkeypox

- D.R. Congo: <https://promedmail.org/promed-post/?id=6868194>
- Nigeria: <http://outbreaknewstoday.com/travel-health-monkeypox-outbreaks-in-nigeria-drc-49866/>

Malaria, Burundi, update: <http://outbreaknewstoday.com/burundi-malaria-epidemic-reaches-8-5-million-cases-travel-alert-issued-68540/>

Diphtheria, Sudan: <http://outbreaknewstoday.com/diphtheria-update-in-south-darfur-sudan-51296/>

Oceania

Distribution of 2019-nCoV cases as of 30 January 2020

SITUATION IN NUMBERS

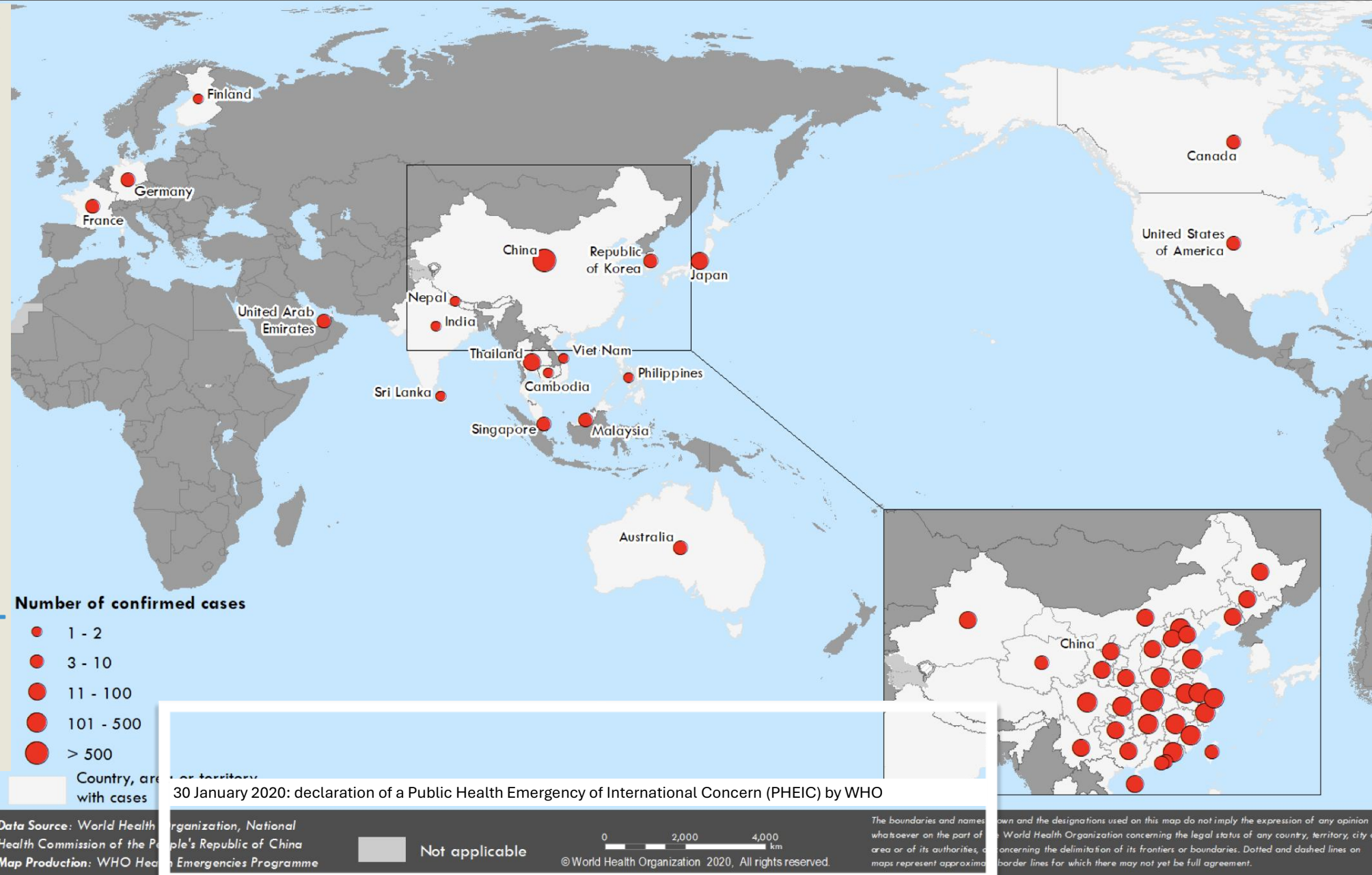
Globally
7818 confirmed

China
7736 confirmed
12167 suspected
1370 severe
170 deaths

Outside of China
82 confirmed
18 countries

WHO RISK ASSESSMENT

China	Very High
Regional Level	High
Global Level	High





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Commentary

Complex mpox situation, 2024

Pikka Jokelainen ^{1, 2, *}, Anne L. Wyllie ^{2, 3}, Nitin Gupta ^{2, 4}, Aleksandra Barac ^{2, 5},
Effrossyni Gkrania-Klotsas ^{2, 6}, Casandra Bulescu ^{7, 8}, José Ramón Paño-Pardo ^{9, 10},
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¹³) Infectious and Tropical Diseases Department, APHP, Bichat Hospital and Université Paris Cité, Inserm, IAME, Paris, France



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Complex situation 2024

Pikka Jokelair
Effrossyni Gk
Marta Mora-I

Clinical Microbiology and Infection 31 (2025) 154–156

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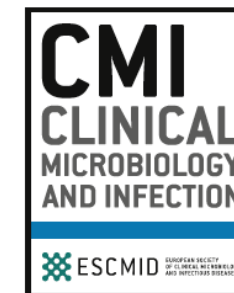


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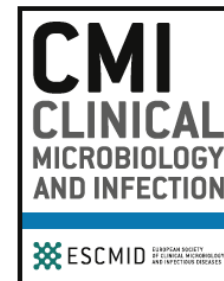
Poliomyelitis in Gaza

Nitin Gupta ^{1, 2}, Martin P. Grobusch ^{2, 3}, Pikka Jokelainen ^{2, 4}, Anne L. Wyllie ^{2, 5},
Aleksandra Barac ^{2, 6}, Marta Mora-Rillo ^{2, 7}, Effrossyni Gkrania-Klotsas ^{2, 8},
Galadriel Pellejero-Sagastizabal ^{2, 9}, José Ramón Paño-Pardo ^{2, 9}, Erwin Duizer ^{2, 10},
François-Xavier Lescure ^{2, 11, *}

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Commentary

Marburg virus disease outbreak in Rwanda, 2024

Comr Martin P. Grobusch^{1, 2, 3, 4, 5, 6, *}, Pikka Jokelainen^{6, 7}, Anne L. Wyllie^{6, 8}, Nitin Gupta^{6, 9},
 Poli José Ramón Paño-Pardo^{6, 10}, Aleksandra Barac^{6, 11}, Casandra Bulescu^{6, 12},
 Galadriel Pellejero-Sagastizabal^{6, 13}, Abraham Goorhuis¹, F-Xavier Lescure^{6, 14},
 Effrossyni Gkrania-Klotsas^{6, 15}, Marta Mora-Rillo^{6, 16}
 Nitin Gupta^{6, 9}, Martin P. Grobusch^{1, 2, 3, 4, 5, 6, *}, Pikka Jokelainen^{6, 7}, Anne L. Wyllie^{6, 8},
 Aleksandra Barac^{6, 11}, Marta Mora-Rillo^{6, 16}, Effrossyni Gkrania-Klotsas^{6, 15},
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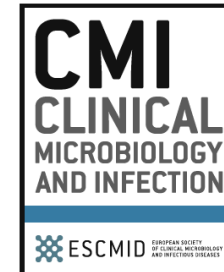
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Commentary

Yellow fever in South America in 2025: a concerning increase, but a true resurgence?

Aleksandra Barac^{1,2}, Nitin Gupta^{1,3}, Pikka Jokelainen^{1,4}, Sotirios Tsiodras^{1,5},
 Marta Mora-Rillo^{1,6}, Effrossyni Gkrania-Klotsas^{1,7}, José Ramón Paño-Pardo^{1,8},
 Casandra Bulescu^{1,9}, Galadriel Pellejero-Sagastizabal^{1,8}, Abraham Goorhuis^{1,10},
 Maria Paquita Garcia Mendoza¹¹, Jacob Van der Ende^{10,12}, François-Xavier Lescure^{1,13},
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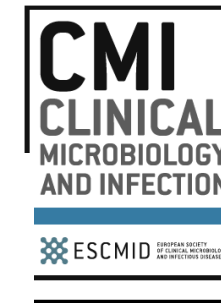
Clinical Microbiology and Infection

Clinical Microbiology and Infection 31 (2025) 1424–1426

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Commentary

Is a human highly pathogenic avian influenza A H5N1 pandemic inevitable?

Effrossyni Gkrania-Klotsas^{1,2,*}, Pikka Jokelainen^{2,3}, Anne L. Wyllie^{2,4}, Nitin Gupta^{2,5}, Aleksandra Barac^{2,6}, José Ramón Paño-Pardo^{2,7}, Marta Mora-Rillo^{2,8}, Martin P. Grobusch^{2,9}, Charles B. Holmes^{10,11}, Marion Koopmans¹², Francois-Xavier Lescure^{2,13}

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¹¹ High Lev
¹² Center of
Amsterdam
¹³ Infectiou



DR Congo: WHO tracks deadly mysterious illness



© WHO | The World Health Organization (WHO) is investigating community deaths in Equateur province in DRC.

27 February 2025 | Health



Health authorities in the Democratic Republic of the Congo (DRC) and experts from the World Health Organization (WHO) are carrying out further investigations to determine the cause of another cluster of illness and deaths in Équateur province, UN officials reported on Thursday.

In recent months, disease surveillance has identified increases in cases and fatalities on three occasions across different areas of the country, which triggered follow-up investigations to confirm the cause and provide needed support, [WHO](#) said in a [statement](#).

Symptoms include fever, headache, chills, sweating, stiff neck, muscle aches, multiple joint pain and body aches, a runny or bleeding from the nose, cough, vomiting and diarrhoea.

DRC currently faces [multiple challenges](#), with a conflict raging in the east, as Congolese armed forces face off against the Rwanda-backed M23 – with the fighting involving multiple other armed groups.

Illness and death

A series of outbreaks and fatalities have been occurring in Équateur province since the beginning of 2025, the UN health agency said.

The most recent cluster occurred in the Basankusu health zone, where last week 141 additional people fell ill, with no deaths reported so far. Some 158 cases and 58 deaths were reported in the same zone earlier in February.

In January, Bolamba health zone reported 12 cases including eight deaths.

Major challenges

The remoteness of affected areas limits access to healthcare, including testing and treatment, WHO said.

Basankusu and Bolomba are around 180 kilometres apart and more than 300 kilometres from the provincial capital Mbandaka. The two localities are reachable by road or via the Congo River.

However, poor road and communication links are major challenges, said the UN healthy agency, which continues to support local authorities in reinforcing investigation and response measures, with more than 80 community health workers trained to detect and report cases and deaths.

Further efforts are needed to reinforce testing, early case detection and reporting, said WHO, which remains on the ground supporting health workers, collaborating closely with health authorities at all levels.

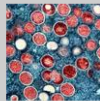
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WHO supports Equatorial Guinea in combatting country's first-ever deadly Marburg virus outbreak



World News in Brief: Humanitarians still held in Yemen, mystery illness in DR Congo, dire needs in Haiti



WHO on alert as mpox cases surge to unprecedented levels in Africa



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Health authorities in the DRC and @WHO are investigating a new cluster of illness and deaths in Equateur province.

The experts are stepping up disease surveillance, conducting interviews with community members to understand the background and determine the cause of the [Show more](#)



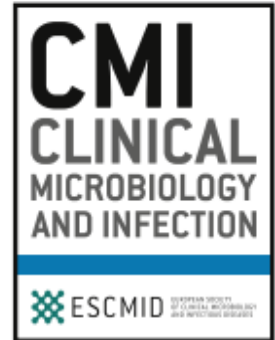


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Narrative review

Delayed correct diagnoses in emerging disease outbreaks: historical patterns and lessons for contemporary responses

Galadriel Pellejero-Sagastizábal^{1,2}, Casandra Bulescu^{1,3}, Nitin Gupta^{1,4},
Pikka Jokelainen^{1,5}, Effrossyni Gkrania-Klotsas^{1,6}, Aleksandra Barac^{1,7},
Abraham Goorhuis⁸, Shevin T. Jacob^{9,10}, Selidji T. Agnandji^{11,12,14}, Francine Ntoumi^{13,14},
Marta Mora-Rillo^{1,15,16}, José Ramón Paño-Pardo^{1,2,16}, F.-Xavier Lescure^{1,17},
Martin P. Grobusch^{1,8,12,14,18,19,*}

¹) Emerging Infections Subcommittee, European Society of Clinical Microbiology and Infectious Disease, Switzerland

Table 1
Summary of historical outbreak misdiagnoses.

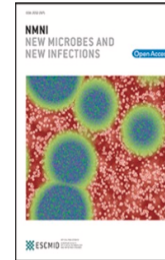
Outbreak/disease	Initial diagnosis	Actual cause	Key cognitive biases	Consequences
1918 Influenza Pandemic	<i>Haemophilus influenzae</i> infection	Influenza A virus	Availability bias (lack of viral understanding)	Misattribution of primary pathogen
West Africa Ebola (2013–2016)	Malaria, cholera, typhoid	Zaire Ebola virus	Availability bias, confirmation bias	11 000+ deaths, multinational spread
Angola (2004–2005)	Malaria	Marburg virus	Availability bias	200+ deaths, delayed containment
Brazil (2015)	Dengue, chikungunya	Zika virus	Confirmation bias	Widespread outbreak
Lyme disease (1970s)	Juvenile rheumatoid arthritis	<i>Borrelia burgdorferi</i>	Pattern recognition bias	Delayed identification of infectious cause
Kuru (1950s)	Hereditary neurodegenerative disorder	Prion disease from ritualistic cannibalism	Pattern recognition bias	Decades-long delay in identifying infectious cause
Nodding syndrome	Various neurological conditions	Likely autoimmune response to onchocerciasis	Multifactorial causation bias	Years of ineffective interventions, ongoing research
Minamata disease (1950s)	Encephalitis	Methylmercury poisoning	Framing bias	2000+ affected, continued exposure
Eosinophilia-Myalgia Syndrome (1989)	Novel infection	Contaminants in L-tryptophan supplements	Framing bias	1500 cases, 37 deaths, delayed product recall
Bihar encephalitis (2019)	Viral infection	Litchi toxin (MCPG)	Framing bias	Seasonal outbreaks among malnourished children
Caruaru, Brazil (1996)	Viral haemorrhagic fever	Cyanotoxin (microcystin) contamination in dialysis water	Framing bias	52 deaths, liver failure in haemodialysis patients
June bug incident (1962)	Infectious/toxic agent	Mass psychogenic illness	Social contagion Bandwagon effect	Unnecessary medical interventions
DRC haemorrhagic cases (2024)	Viral haemorrhagic fever	Combination of malaria, anaemia, malnutrition	Occam's razor heuristic	Appropriate non-VHF interventions
US Anthrax (2001)	Influenza, pneumonia	Deliberate anthrax release	Availability bias Pattern recognition bias	Delayed recognition of bioterrorism

VHF, viral haemorrhagic fever.

Table 4

Proposed interventions to improve outbreak recognition and response.

Intervention	Key components	Implementation considerations	Expected impact
Encourage multiple working hypotheses	• Systematic consideration of both common and unusual causes • Empirical treatment for likely conditions while investigating alternatives	• Requires shift in diagnostic thinking, not necessarily additional resources • Can be incorporated into existing clinical workflows	• Earlier detection of unusual pathogens • Reduced diagnostic delay • Improved patient outcomes
Build sustainable local diagnostic capacity	• Regional diagnostic hubs with appropriate technology • Training and technology transfer • Syndromic panels and point-of-care testing	• Investment in infrastructure and human resources • Strategic deployment of limited testing resources • Sustainable funding mechanisms	• Faster local confirmation • Reduced dependence on distant reference labs • Enhanced regional preparedness
Enhance communication networks	• Clear reporting channels for unusual cases • Bridge between clinical and public health systems • Leverage existing infrastructure	• Minimize reporting burden • Integrate with existing communication systems • Establish standardized criteria for reporting	• Improved signal detection • Faster alerting of authorities • Better cross-border coordination
Implement cognitive debiasing strategies	• Clinical decision support tools • Recognition of red flags (treatment failure, unusual patterns, health care worker infections)	• Simple, accessible tools • Integration into clinical training • Regular updates based on emerging knowledge	• Reduced impact of cognitive biases • More consistent consideration of alternatives • Systematic approach to unusual presentations
Strengthen One Health surveillance	• Integration of human, animal, and environmental health monitoring • Focus on high-risk settings for spill-over events	• Build upon existing systems • Avoid creating parallel structures • Cross-sectoral collaboration	• Earlier detection of zoonotic threats • Better understanding of emergence patterns • More comprehensive response capabilities



Original Article

Analysing outbreak signals, 2013–2024: The amsterdam UMC centre for Tropical Medicine and Travel Medicine Epi Alert programme – an observational study

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Table 3

Top ten diseases/pathogens per category, total entries: 10,619.

Pathogen Type (# of entries; % of total)	Disease	Number of entries	% of group total
Viral (7,234; 68)	Dengue	1,210	17
	Measles	1,114	15
	Chikungunya	328	5
	Ebola virus disease	321	4
	West Nile fever	314	4
	Hantavirus disease	301	4
	Yellow fever	292	4
	Rabies	288	4
	Zika	280	4
	MERS	255	4
Bacterial (2,562; 24)	Cholera	602	23
	Rickettsiosis	159	6
	Plague	124	5
	Diphtheria	124	5
	Leptospirosis	123	5
	Pertussis	122	5
	Typhoid fever	107	4
	Salmonellosis	98	4
	Anthrax	94	4
	Legionellosis	92	4
Fungal (83; <1)	Coccidioidomycosis	25	30
	Candidiasis (<i>Candida auris</i>)	13	16
	Histoplasmosis	12	14
	Blastomycosis	11	13
	Sporotrichosis	5	6
	Emergomycosis (<i>Emergomycetes canadensis</i>)	3	4
	Mucormycosis	3	4
	Pulmonary aspergillosis	3	4
	Aspergillosis	2	2
	Fungal meningitis	2	2
Parasitic (646; 6)	Malaria	218	34
	Leishmaniasis	96	15
	Primary amoebic meningoencephalitis (<i>Naegleria fowleri</i>)	59	9
	Cyclosporiasis	44	7
	Trichinellosis	33	5
	Cryptosporidiosis	30	5
	Chagas' disease	26	4
	Rat lungworm disease (<i>Angiostrongylus cantonensis</i>)	23	4
	Schistosomiasis	20	3
	Human African trypanosomiasis	19	3

Table 1

Sources cited in the Epi Alerts.

Source category	% of entries	Number of entries	Notes
Surveillance systems and reporting networks	37	3,892/10,619	ProMED as sole contributor
Private healthcare websites	26	2,791/10,619	OutbreakNewsToday accounted for 99% of entries
Official health organizations	23	2,440/10,619	
National and local media	10 (5 each)	1,072/10,619	More frequent in early years (2013–2014)
Academic institutions	3	370/10,619	
Governmental health agencies	0.4	40/10,619	
Non-governmental organizations	0.1	9/10,619	
Unknown/Untraceable	<0.1	5/10,619	No traceable source

Table 2

Geographic distribution of entries, 2013-2024.

Continent	Total entries (% of 10,619)	Top C/Ts (% of total entries per continent)	Median entries per C/T (IQR) over 12 years
Asia	2,817 (27)	India (17%; 485/2,817), Pakistan (10%; 269/2,817), Philippines (9%; 246/2,817)	21 (7–76)
North America	2,294 (22)	USA (68%; 1,563/2,294), Canada (7%; 170/2,294), Panama (5%; 115/2,294), Mexico (4%; 100/2,294), Dominican Republic (3%; 60/2,294)	2 (0-10)
Africa	2,123 (20)	DRC (16%; 332/2,123), Nigeria (13%; 270/2,123), South Africa (5%; 113/2,123)	17 (9–37)
Europe	1,455 (14)	United Kingdom (13%; 195/1,455), Spain (6%; 90/1,455), France (6%; 86/1,455), Russia (5%; 71/1,455)	7 (2–22)
South America	809 (8)	Brazil (37%; 299/809), Argentina (14%; 117/809), Venezuela (9%; 71/809), Colombia (7%; 59/809)	44 (7–59)
Oceania	559 (5)	Australia (52%; 289/559), New Zealand (14%; 80/559), Fiji (9%; 50/559)	5 (2–15)
Antarctica	0 (0)	Not available	Not available

C/T = countries/territories, USA = United States of America, DRC = Democratic Republic of the Congo, IQR = interquartile range.

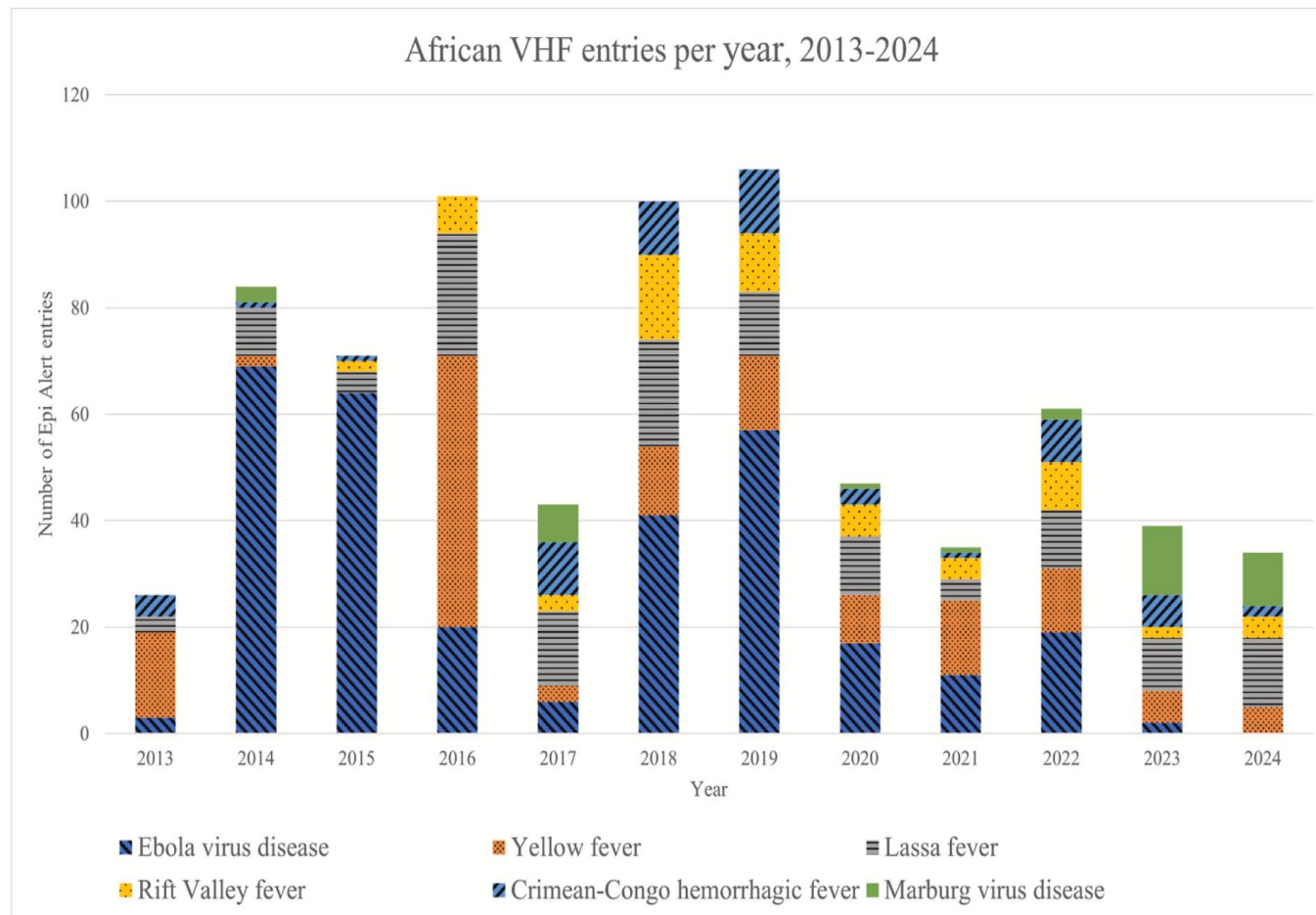
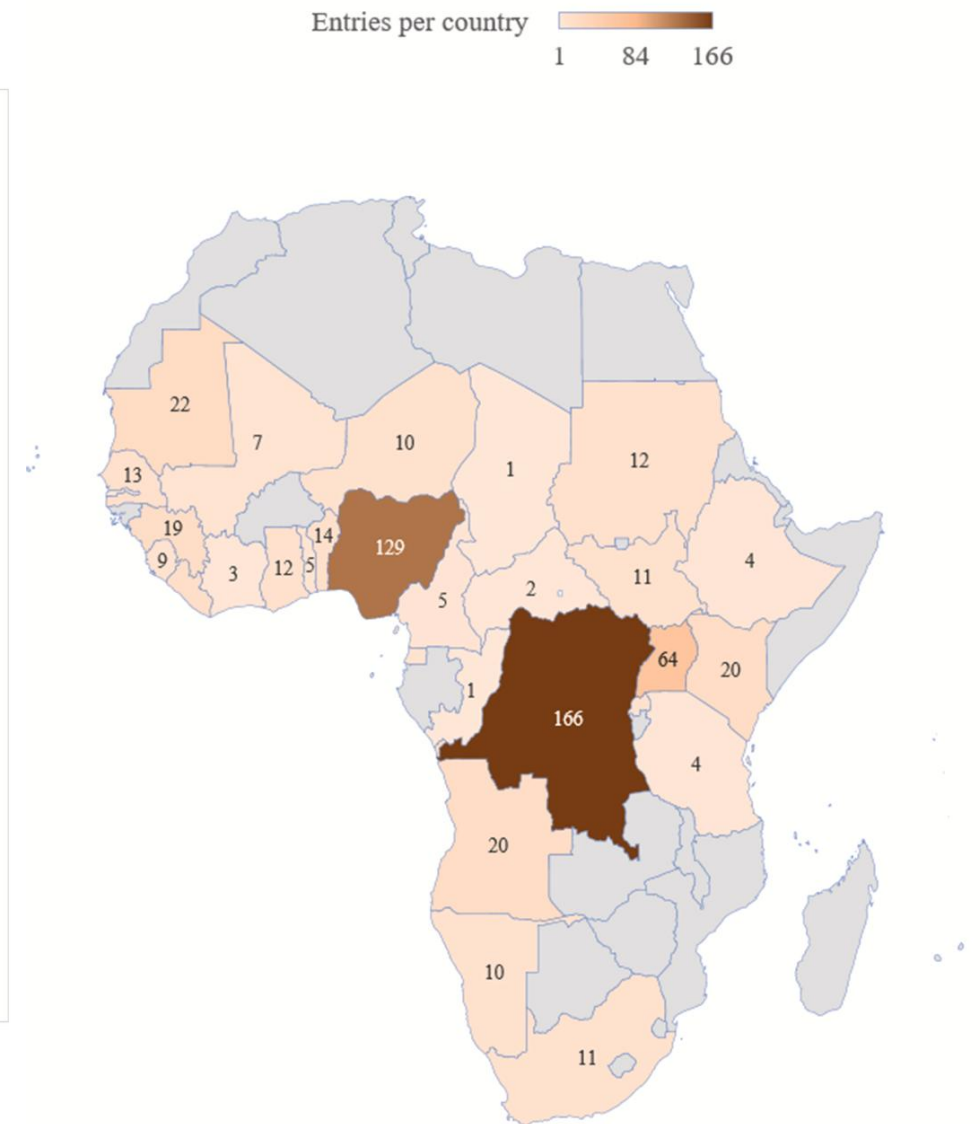
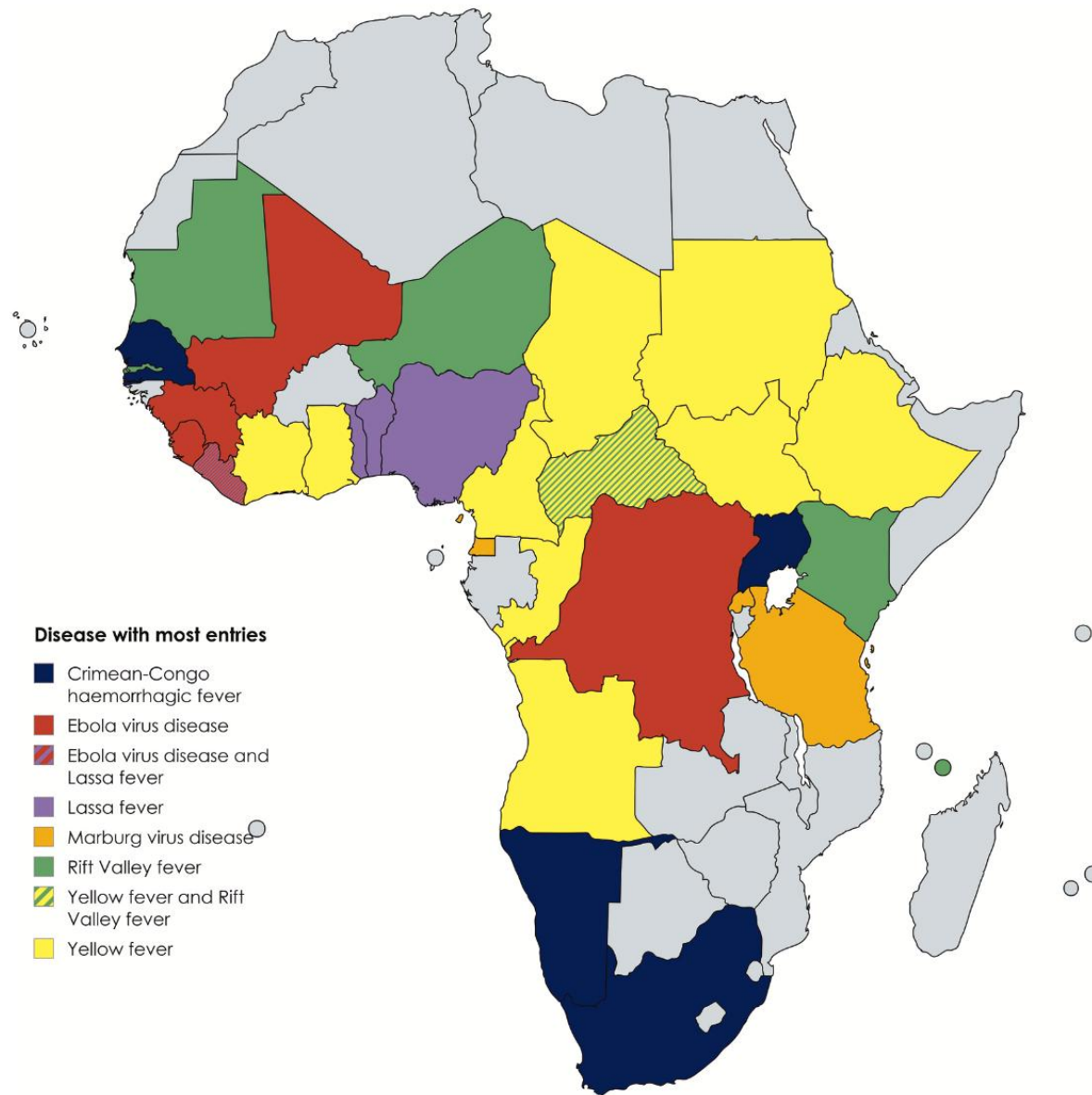


Fig. 2. Annual African VHF entries.





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Fig. 3. Most frequently reported VHF's per country.

Reported entries for emerging, novel and rarely reported viral diseases, 2013-2024

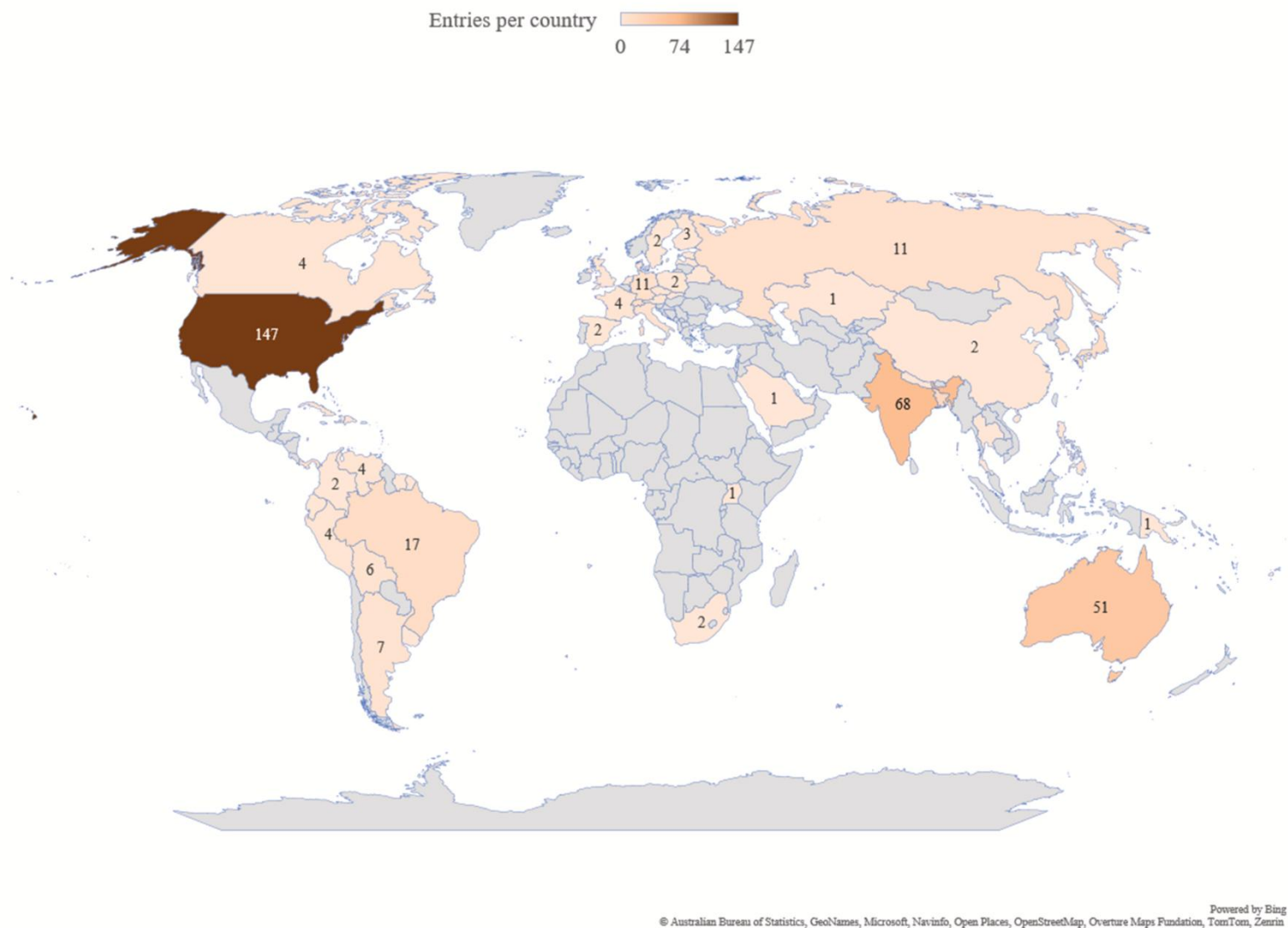


Fig. 4. Number of mentionings of novel and rarely reported viral diseases, 2013-2024.

Table 4	
Emerging, novel and rarely reported viruses, 2013-2024.	
Pathogen/disease	Number of entries (% of 487)
Kyasanur forest disease	59 (12)
Tick-borne encephalitis	58 (12)
Eastern equine encephalitis	54 (11)
Oropouche virus	38 (8)
Ross River virus	33 (7)
Nipah virus	31 (6)
Powassan virus encephalitis	30 (6)
Severe fever with thrombocytopenia syndrome	27 (6)
St. Louis encephalitis	22 (5)
Jamestown Canyon virus	17 (3)
Mayaro	13 (3)
Murray Valley encephalitis	13 (3)
La Crosse encephalitis	10 (2)
Heartland virus disease	8 (2)
Western equine encephalitis	8 (2)
Barmah Forest virus	6 (1)
Borna virus	6 (1)
Human rat hepatitis E	6 (1)
Bourbon virus	5 (1)
Usutu virus	5 (1)
Kunjin virus	4 (1)
Sindbis virus	3 (1)
Venezuelan equine encephalitis	3 (1)
Venezuelan haemorrhagic fever	3 (1)
Alkhurma virus	2 (<0.5)
Argentine haemorrhagic fever (Junin virus)	2 (<0.5)
Bolivian haemorrhagic fever (Machupo virus)	2 (<0.5)
Borealpox	2 (<0.5)
Madariaga	2 (<0.5)
Alongshan virus	1 (<0.5)
Chandipura virus	1 (<0.5)
Chapare haemorrhagic fever	1 (<0.5)
Colorado tick fever	1 (<0.5)
Echarate virus	1 (<0.5)
Everglades virus	1 (<0.5)
Iquitos virus	1 (<0.5)
Keystone virus	1 (<0.5)
Manych virus	1 (<0.5)
Middelburg virus	1 (<0.5)
Ntwetwe virus	1 (<0.5)
Shuni virus	1 (<0.5)
Toscana virus	1 (<0.5)
Wetland virus	1 (<0.5)
Yezo virus	1 (<0.5)

Merci beaucoup!

Questions?